

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. MORAN). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. JOHNSON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2018

AMENDMENTS NOS. 1065, AS MODIFIED, AND 1086, AS MODIFIED

Mr. JOHNSON. Mr. President, as in legislative session, I ask unanimous consent that notwithstanding the passage of H.R. 2810, the instructions to the clerk in amendments Nos. 1065 and 1086 be modified with the changes that are at the desk.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendments, as modified, are as follows:

AMENDMENT NO. 1065, AS MODIFIED

At the end of Division F add the following:

In the funding table in section 4301, in the item relating to Environmental Restoration, Air Force, increase the amount in the Senate Authorized column by \$20,000,000.

In the funding table in section 4301, in the item relating to Subtotal Environmental Restoration, Air Force, increase the amount in the Senate Authorized column by \$20,000,000.

In the funding table in section 4301, in the item relating to Total Miscellaneous Appropriations, increase the amount in the Senate Authorized column by \$20,000,000.

In the funding table in section 4301, in the item relating to Undistributed, Line number 999, reduce the amount in the Senate Authorized column by \$20,000,000.

In the funding table in section 4301, in the item relating to Fuel Savings, increase the amount of the reduction indicated in the Senate Authorized column by \$20,000,000.

In the funding table in section 4301, in the item relating to Subtotal Undistributed, reduce the amount in the Senate Authorized column by \$20,000,000.

In the funding table in section 4301, in the item relating to Total Undistributed, reduce the amount in the Senate Authorized column by \$20,000,000.

AMENDMENT 1086, AS MODIFIED

At the end of Division F add the following:

In the funding table in section 4101, in the item relating to Littoral Combat Ship, increase the amount in the Senate Authorized column by \$600,000,000.

In line 999 of the funding table in Section 4301, in the item relating to fuel savings, increase the reduction by \$600 million.

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Wisconsin.

HEALTHCARE

Mr. JOHNSON. Mr. President, I rise today to talk about the disasters of ObamaCare and a possible solution. It is a powerful first step—not perfect but a step that would take us off the path toward a single-payer system and put us on a path toward federalism, with greater State control but, in many re-

spects, greater freedom for the American public.

During the last healthcare discussion and debate, I spoke with a couple, Sherry and Vern Colby from River Falls, WI. They had a real problem: They had preexisting conditions. They were quite pleased when ObamaCare passed because their preexisting conditions, they believed, would be covered. So they signed up for ObamaCare in 2014, paid the premiums, sent in their paycheck stubs to make sure their income levels qualified for the subsidies. Then a funny thing happened when they got their tax returns in March of 2015: They had to pay back more than \$15,000 in subsidies because they made \$59,000. They had to cash in pretty much all of their 401(k). They had to sell their house so they wouldn't lose it in foreclosure.

I spoke with Sherry Colby today because, as we have debated the possibility of passage of Graham-Cassidy-Heller-Johnson, we have heard a lot of demagoguery. We have heard a lot of false charges. I would like to refute a couple of those.

One of the claims of ObamaCare is it guaranteed that if you have a preexisting condition, you are free from worry, you will be covered. Well, in Sherry and Vern Colby's case, that is simply not true.

I spoke with Sherry just this afternoon. Again, they had to sell their house, and they had to cash in their 401(k). Their nightmare didn't end at that point in time because President Obama, as he left office, took short-term, limited-duration plans—that duration from 264 days down to 90 days. Now Sherry and Vern Colby are forced to buy these short-term, limited-duration plans that only last for 90 days. When I say "forced," the problem they have is that they work. Vern drives milk trucks 60 hours a week. Sherry works in a florist's shop 30 hours a week. They make too much to be subsidized under ObamaCare. They don't make enough to be able to afford the premium of \$14,000 per year with a \$12,500 deductible. So right now they are paying \$5,500 a year, and they have a \$5,000 deductible per quarter and a 70/30 copay for a short-term, limited-duration plan that can and did exclude their preexisting conditions.

Shortly after they signed up with IHC, Vern had a condition that required a hospital stay. The problem is, his preexisting condition wasn't covered under their insurance. The bill for that hospital stay was \$45,000. To add insult to injury, because their short-term, limited-duration plan is not ObamaCare compliant, they are also paying the penalty. They are purchasing insurance, paying \$5,500 per year, \$20,000 in deductibles, a \$45,000 hospital bill, and they are still penalized by the American Government under ObamaCare.

Graham-Cassidy-Heller-Johnson maintains the provision of the guaranteed issue, covering people with pre-

existing conditions. There are all kinds of charges that somehow ObamaCare has guaranteed coverage for those individuals and Graham-Cassidy-Heller-Johnson would not.

Personally, I believe Governors, State legislators, and the people in the State of Wisconsin will be far more concerned about Sherry and Vern Colby and will have innovative solutions, such as Wisconsin's high-risk pool or Maine's invisible high-risk pool, to actually bring down premiums so the Colbys can actually afford insurance without having to quit their jobs.

But that is not the main reason I came to the floor today. While sitting in that chair or watching TV over the weekend, listening to people's speeches, I have heard repeatedly from our colleagues on the other side of the aisle talking about Graham-Cassidy-Heller-Johnson that it is going to destroy Medicaid as we know it, that it will be slashing spending in Medicaid—massive, deep cuts.

Let me go to a couple of charts.

This first chart really has nothing to do with healthcare—except it has everything to do with healthcare. What this chart shows is the CBO projection of deficits over the next 30 years by decade. CBO made the projections as a percentage of the GDP. Nobody understands percentages—we don't buy hamburgers with percentages—so we converted those percentages of GDP into dollars. According to our best calculations, CBO projects almost a \$10 trillion deficit over the next 10 years; the second decade, \$37 trillion; the third decade, \$82 trillion, for a whopping total of a \$129 trillion deficit over the next 30 years. That would be added to our \$20 trillion worth of debt.

There are a number of ways of describing this deficit. I am putting up two right now. What is it composed of? Well, if you take a look at revenue versus outlays, the deficit is composed of about an \$18 trillion deficit in Social Security alone. In other words, Social Security over the next 30 years will pay out \$18 trillion more in benefits than it brings to the payroll tax; Medicare, \$39 trillion. Interest on the debt over that same 30 years will be \$65 trillion for a whopping total of \$122 trillion of deficits over the next 30 years. That explains 95 percent of the deficit.

Another way of looking at that deficit is this: Over the next 30 years, our revenue will equal almost \$200 trillion—\$199 trillion. Outlays for Social Security will be \$69 trillion; Medicare, \$55 trillion; Medicaid and ObamaCare \$32 trillion, for a subtotal of \$156 trillion. If you add \$65 trillion interest on the debt, we are already exceeding our revenue.

You will notice that there is no money at all for any agencies, for national defense, for any other welfare programs. All the money is consumed by Social Security, Medicare, Medicaid, ObamaCare, and interest on the debt. This is clearly unsustainable.

Let's talk about cuts. What would a cut really look like? Well, this is the